PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10603945

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|---|---|---|----------------------------------|--------------------------------|---------------------|------------------|---|---|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS | | | 18 | | | | | RATE | FEE |] | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMB | ER EXTRA | | BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | /8 minus 20= | | * 6 | 7) | Ī | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 2 mi | nus 3 = | * 9 | D | Ī | X42= | | OR | X84= | |
| ML | ILTIPLE DEPEN | IDENT CLAIM P | RESENT | | | | J | +140= | | OR | +280= | |
| * If | the difference | in column 1 is | less than zero, enter "0" in | | | olumn 2 | L | TOTAL | | OR | TOTAL | 758 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THA SMALL ENTITY OR SMALL ENTI | | | THAN | |
| AMENDMENT A | War Amerika Paragan Arab | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | i |
| | Independent | * NTATION OF MI | Minus | *** | CLAIM | = [- | | X42≈ | | OR | X84= | |
| | THOTFICOL | INTATION OF IM | JETIFEE DEF | ENDERI | CLAIIVI | | | +140= | | OR | +280= | |
| | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | ** | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | NTATION OF MI | Minus | *** | CLAIM | = | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +140= | | OR | +280= | |
| | TOTAL ADDIT. FEE | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | Maritian Service of Care Care | (Column 1) | Selection from the Communication | (Colur | | (Column 3) | | _ | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | .140 | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +280= | |
| ** | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in solume 1. | | | | | | | | | | | |